

Health Emergency Preparedness and Response Capacity in Latin America and the Caribbean



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Latin America emerged as one of the epicenters of the COVID-19 pandemic. As of March 2022, the region, representing only 8.4% of the world's population, had more than 65 million confirmed cases, or 15% of cases worldwide, and more than 1.6 million deaths, or 28% of deaths worldwide. Latin America's gross national product contractions resulting from the pandemic are estimated to be between 7% and 10%; these contractions have increased unemployment and poverty and exacerbated income inequality. Moreover, as in other countries, the disease has disproportionately affected the poorest and most vulnerable populations.

In the past 50 years, Latin America has experienced more than 4500 disasters that have caused the death of almost 600 000 people and injured more than 3 million, in addition to causing significant economic losses. The COVID-19 pandemic has increased these figures and has further challenged health systems' capabilities in various settings. Researchers have had to rapidly study diagnosis, treatment, and immunization for a new pathogen. Health care personnel have had to cope with a large and prolonged emergency, which has involved a shortage of ventilators, intensive care unit beds, and personal protective equipment at different times. Health authorities have needed to frequently issue updated guidelines in a context of rapidly changing scientific evidence. It has been necessary to communicate key information to the population and counter misinformation and social movements opposed to preventive care or vaccination. Diagnostic tests have had to be manufactured in sufficient quantity, and laboratory capacity has had to be increased, and the integration of mechanisms at the global, regional, and national levels was required to guarantee the availability of basic medical, diagnostic, and therapeutic supplies and vaccines, among others.

At the international level, sharing health information, resources, and vaccines in a broad, transparent, and timely manner has become a priority. National health systems' performance and, ultimately, the global population's health, morbidity, and mortality have resulted from the complex interactions between interdependent systems, such as those described. However, the COVID-19 pandemic has also exacerbated preexisting gaps in social protection strategies.

The response to and mitigation of the COVID-19 pandemic have been uneven, varying dramatically by social and economic conditions and governments' actions. Almost 60% of employment in Latin America is "informal," with 140 million people who must report to work to earn a living, making social distancing nearly impossible for many. Going further, 21% of people live in urban slums, informal settlements, or precarious housing, with overcrowding and lack of basic services such as clean water and sanitation. These conditions have facilitated the spread of the disease, as well as the accompanying traumas of life and service interruption, interpersonal violence, and mental health challenges.

Going forward, addressing the current health care crisis and preparing for future emergencies will require that each government build resilience by implementing structural reforms to improve fiscal sustainability and strengthen the infrastructures required for public health, communications, and social programs. These include universal health care coverage and access. Digital tools can provide a helpful solution to access to care provision for remote populations while improving education and health literacy as well as tackling misinformation and disinformation spread among the masses.

Scientists and health care professionals must also take a proactive role in communication and providing information and evidence to the public, limiting the distance between professionals and other members of society. Finally, the improvement of regional infrastructure and the preparedness for health crises are fundamental to Latin America's ability to improve its preparation for future health challenges. This will require generating the required infrastructure for health care, research, and medicine production and improving health care professionals' education and working environment and the conditions affecting their well-being.

These initiatives will be costly and require political will. We hope this joint *AJPH* and *Pan American Journal of Public Health* supplement will contribute to shedding light on Latin America's emergency preparedness and its experience with the COVID-19 pandemic and will aid us in identifying solutions to its complex challenges. **AJPH**

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6 Years Ago

Preparedness for Emerging Infectious Diseases in Latin America and the Caribbean

The current epidemics of dengue and chikungunya in several countries of the region . . . are some of the examples of health events that can . . . benefit from strong preparedness efforts across the region. Furthermore, sound preparedness efforts will mitigate the potential economic impact of such health events. Dengue illness in the Americas has been estimated to cost 2.1 billion dollars per year on average. . . . [A recent] chikungunya virus outbreak . . . incurred substantial medical expenses estimated at 43.9 million euros, of which 60% were attributable to direct medical costs related to consultations, hospitalizations, and drugs. A study on the 2009 H1N1 influenza outbreak in Mexico estimated that by losing almost a million overseas visitors, the country lost approximately 2.8 billion dollars, suggesting that the wider economic implications of health-related emergencies need to be considered in preparedness planning.

From AJPH, February 2016, p. 282

17 Years Ago

Lessons Learned From the Brazilian Response to HIV/AIDS

[T]he Brazilian National AIDS Program (NAP) [is] a widely recognized, leading example of the feasibility and effectiveness of an integrated approach to the epidemic in the setting of a middle-income country characterized by significant levels of social inequality. . . . [Yet] the impact of the Brazilian response to AIDS has been impressive: incidence rates of HIV are much lower than projected a decade ago, and mortality rates have fallen by 50% and inpatient hospitalization days by 70% to 80%. . . . [T]he most basic lesson from the Brazilian experience may well be that there is no homogeneous HIV/AIDS epidemic nor a prepackaged approach to dealing with it. The way in which a nation responds to the social, political, economic, and human stress . . . will be shaped by the country's unique history, culture, governmental institutions, . . . economic resources and . . . diverse social forces. . . . The NAP has become a source of national pride for the Brazilian people. . . . To control HIV, we must first admit that the problem belongs to all of us.

From AJPH, July 2005, pp. 1162, 1171 passim